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## BIB DATA SHEET

CONFIRMATION NO. 1095

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/740,694	12/22/2003	514	1648	18477.031 / 259.PC2
RULE				

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/424,186 04/25/2003  
 which claims benefit of 60/375,622 04/26/2002  
 and claims benefit of 60/375,779 04/26/2002  
 and claims benefit of 60/375,834 04/26/2002  
 and claims benefit of 60/375,665 04/26/2002  
 This application 10/740,694 12/22/2003  
 is a CIP of 10/423,496 04/25/2003  
 which claims benefit of 60/375,622 04/26/2002  
 and claims benefit of 60/375,779 04/26/2002  
 and claims benefit of 60/375,834 04/26/2002  
 and claims benefit of 60/375,665 04/26/2002  
 This application 10/740,694 12/22/2003

is a CIP of 10/424,130 04/25/2003 PAT 7,462,608  
 which claims benefit of 60/375,622 04/26/2002  
 and claims benefit of 60/375,779 04/26/2002  
 and claims benefit of 60/375,834 04/26/2002  
 and claims benefit of 60/375,665 04/26/2002  
 This application 10/740,694 12/22/2003  
 is a CIP of PCT/US03/12901 04/25/2003  
 and is a CIP of PCT/US03/12926 04/25/2003  
 and is a CIP of PCT/US03/12943 04/25/2003  
 and claims benefit of 60/465,810 04/25/2003  
 and claims benefit of 60/465,721 04/25/2003  
 and claims benefit of 60/465,824 04/25/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/13/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /LOUISE HUMPHREY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance LH Initials	<b>STATE OR COUNTRY</b>  NC	<b>SHEETS DRAWINGS</b>  0	<b>TOTAL CLAIMS</b>  180	<b>INDEPENDENT CLAIMS</b>  5
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 WASHINGTON, DC 20004-1206  
 UNITED STATES

**TITLE**

Method and compositions for identifying anti-HIV therapeutic compounds

<b>FILING FEE RECEIVED</b>  3952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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